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APPLICANTS

Christopher Schwarz, Fort Mitchell, KY;  
 Matthew Bruce Siemers, Ottawa, CANADA;

**\*\* CONTINUING DATA \*\*\*\*\*** *180*  
 This appln claims benefit of 60/403,792 08/15/2002  
 and claims benefit of 60/414,489 09/27/2002

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *119*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
**\*\* 11/01/2003**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>JP</i> Examiner's Signature Initials	STATE OR COUNTRY KY	SHEETS DRAWING 5	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 3
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ADDRESS  
 23370  
 JOHN S. PRATT, ESQ  
 KILPATRICK STOCKTON, LLP  
 1100 PEACHTREE STREET  
 ATLANTA, GA  
 30309

TITLE  
 Cabinet scraper with handles

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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